

ACUTE CARE REPORT FORM

Children & Adolescents Not Admitted to Licensed Inpatient Acute Care Facilities

Complete one form for each child for whom admission to an inpatient acute care facility was requested but not obtained FOR 8 HOURS. DO NOT COMPLETE THIS FORM IF YOU OBTAINED ADMISSION IN LESS THAN 8 HOURS. See "Instructions - Acute Care Report Form" for additional information.

I. General Information *Complete all parts of Section I.*

Date Request Initiated: / / *Do not include requests for admission to facilities prior to July 1, 2002.*

Agency Submitting Data:

☐ CPMT Name: _____ FIPS Code: _____

☐ CSB Name: _____ CSB Code: _____

Contact Person: Name: _____ Phone #: _____

FAX #: _____ **Email Address:** _____

Child Information: **DOB:** / / **Last 4 digits of child's SSN:** _____ **Gender:** ☐ Male ☐ Female

II. Admission Information *Check all facilities licensed by DMHMRSAS to which admission was requested but not obtained.**

- | | |
|--|---|
| <input type="checkbox"/> Arlington Hospital Center for Psychiatric and Addiction Treatment | <input type="checkbox"/> Prince William Hospital Center for Psychiatric and Addiction Treatment |
| <input type="checkbox"/> Bristol Regional Medical Center – Ridgeview | <input type="checkbox"/> St. Mary's Family Center – St. Mary's Hospital |
| <input type="checkbox"/> Carilion Saint Albans Hospital | <input type="checkbox"/> Snowden at Fredericksburg |
| <input type="checkbox"/> Commonwealth Center for Children and Adolescents | <input type="checkbox"/> Southwestern Virginia Mental Health Institute |
| <input type="checkbox"/> Dominion Hospital | <input type="checkbox"/> Tucker Pavilion of the Chippenham Medical Center |
| <input type="checkbox"/> Inova Alexandria Hospital Mental Health and Behavioral Center | <input type="checkbox"/> Virginia Baptist Hospital Psychiatric Unit |
| <input type="checkbox"/> Inova Fairfax Hospital | <input type="checkbox"/> Virginia Beach Psychiatric Center |
| <input type="checkbox"/> Inova Mount Vernon Hospital | <input type="checkbox"/> VCU Health System Authority Treatment Center for Children (VTCC) |
| <input type="checkbox"/> Lewis-Gale Medical Center – The Center for Behavioral Health | <input type="checkbox"/> Winchester Medical Center - Psychiatric Center |
| <input type="checkbox"/> Maryview Behavioral Medicine Center | <input type="checkbox"/> Other Acute Care Facility (Specify below.) |
| <input type="checkbox"/> Peninsula Behavioral Center – Riverside | |
| <input type="checkbox"/> Poplar Springs Hospital | |
| <input type="checkbox"/> Potomac Hospital Behavioral Healthcare Unit | |

***Note: List was last updated by DMHMRSAS on 12/1/2002.**

III. Reason(s) Admission Was Not Obtained *Check all that apply.*

- ☐ No bed available for day(s) requested
- ☐ Bed available, but child not placed - **Check AT LEAST ONE Child-Specific, Funding or Other Issue below.**

Child-Specific Issues

- | | |
|--|---|
| <input type="checkbox"/> Age of child | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Gender of child | <input type="checkbox"/> Hearing impaired/deaf |
| <input type="checkbox"/> Aggressive/Violent/Unable to Control | <input type="checkbox"/> Vision impaired/blind |
| <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Child formerly treated in same facility and facility choosing not to approve subsequent admissions |
| <input type="checkbox"/> Sex offender/Sexually aggressive | <input type="checkbox"/> Facility not accepting child as voluntary admission |
| <input type="checkbox"/> Mental retardation or borderline intellectual functioning | <input type="checkbox"/> Child not meeting criteria for involuntary admission |
| <input type="checkbox"/> Autism or other developmental disability | <input type="checkbox"/> Type of service needed not available (Specify in Comments below.) |
| <input type="checkbox"/> Learning disability | |

Funding Issues

- | | |
|---|--|
| <input type="checkbox"/> No insurance coverage | <input type="checkbox"/> Medicaid not active because of inmate status |
| <input type="checkbox"/> No means of payment following involuntary commitment hearing | <input type="checkbox"/> Child's insurance (Medicaid, FAMIS, CHAMPUS, private, other) not accepted by facility |

Other Issues *Write in any other issues that have not been listed.*

- | | |
|---|---|
| <input type="checkbox"/> No source of transportation to acute care facility | <input type="checkbox"/> Facility too far from child's home community |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

IV. Comments

FAX: (804) 786-0918 (preferred method of submission)
or MAIL TO: DMHMRSAS, Office of Mental Health Services, Child & Adolescent Services
1220 Bank Street, P.O. Box 1797, Richmond, VA 23218-1797